MUSCOGEE (CREEK) NATION OFFICE OF THE ATTORNEY GENERAL

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INTAKE FORM

Note: The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Please present your Citizenship Card or a copy upon return of this Intake Form

Please place a check by the type of case you need assistance with:

WILL: GUARDIANSHIP: WILL THIS CASE BE CONTESTED? (check one): YES NO DATE: _____ COUNTY OF CASE FILING: _____ NAME: _____ First Last MI ADDRESS: ___ Street/P.O. Box City State Zip (Work)____(Home)____ TELEPHONE NO.s: (Mobile) E-MAIL ADDRESS: ARE THERE ANY PARTIES INVOLVED? (Examples: Child(ren), Attorney(s), Parents, etc. This should involve parties on either side of your issue.) PARTY RELATIONSHIP PHONE: ADDRESS: _____RELATIONSHIP_ __RELATIONSHIP____ ____PHONE: _____ PARTY ADDRESS: _____RELATIONSHIP__ PARTY PHONE: ADDRESS: ______RELATIONSHIP PARTY ADDRESS: ______PHONE: _____

BRIEFLY EXPLAIN WHAT YOU NEED ADVICE ABOUT OR ASSISTANCE WITH:	
	FOR OFFICE USE ONLY
Date Assigned:	-
Individual Assigned to Case:	